

smith & hopen, p.a.

15950 Bay Vista Drive, Suite 220
Clearwater, Florida 33760
727.507.8558 Tel
727.507.8668 Fax
www.baypatents.com

RECEIVED
CENTRAL FAX CENTER

MAR 29 2004

OFFICIAL

Fax

INTELLECTUAL PROPERTY LAW

| | | | |
|--------|--------------------------------|---------|-----------------------------|
| To: | U.S. Patent & Trademark Office | From: | Anton J. Hopen |
| Attn: | Technology Center 2600 | Client: | 1372.96.PRC |
| Fax: | (703) 872-9314 | Pages: | 6 including coversheet |
| Phone: | | Date: | March 29, 2004 |
| Re: | USSN: 10/723,540 | CC: | University of South Florida |


☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

To Whom It May Concern:

Enclosed please find the following:

1. Amendment Transmittal with Certificate of Facsimile Transmission under 37 CFR 1.8(a) dated March 29, 2004 (2 pages); and
2. Preliminary Amendment (3 pages).

Very respectfully,



Anton J. Hopen
Reg. No. 41,849

BEST AVAILABLE COPY

The documentation accompanying this transmission contains information from the Law Office of Smith & Hopen, P.A., which is confidential and/or privileged. The information is intended only for the use of the individual or entity named on this sheet. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance upon the contents of this telecopied information is strictly prohibited. If you have received this transmission in error, please notify us by telephone immediately, so that we can arrange for the return of the original documents to us at no cost to you.

Practitioner's Docket No.: 1372.96.PRC

PATENTS

RECEIVED
CENTRAL FAX CENTER

MAR 29 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Maria Kallergi)

Serial No.: 10/723,540)

Filed: 11/26/2003)

For: Computer Aided Diagnosis of
Mammographic Microcalcification
Cluster)

Art Unit: 2621

Examiner: Unassigned

Confirmation No.: 9744

OFFICIAL

Faxed to Technology Center 2600 at (703) 872-9314
Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is a preliminary amendment for this application.

STATUS

2. Applicant is an independent inventor. A statement was already filed.

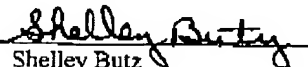
EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF FACSIMILE TRANSMISSION
(37 C.F.R. 1.8(a))

I HEREBY CERTIFY that this Preliminary Amendment, including Amendments to the Specification and Remarks, is being transmitted by facsimile to the United States Patent and Trademark Office, Art Unit 2621, (703) 872-9314 on March 29, 2004.

Dated: March 29, 2004


Shelley Butz**BEST AVAILABLE COPY**

(Amendment Transmittal—page 1)

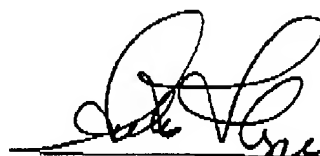
FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | (Col.1) Claims Remaining After Amendment | | (Col. 2) Highest No. Previously Paid For | (Col. 3) Present Extra | SMALL ENTITY Rate | Addit. Fee |
|--|--|-------|---|------------------------------|----------------------|----------------|
| Total | 8 | Minus | 20 | = 0 | x \$9 = | \$0 |
| Indep. | 2 | Minus | 3 | = 0 | x \$42 = | \$0 |
| First Presentation of Multiple Dependent Claim | | | | | - \$130 = | \$0 |
| Total | | | | | | Addit. Fee \$0 |

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,
 ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No Additional fee for claims is required.


 SIGNATURE OF PRACTITIONER

Reg. No. 41,849
 Tel. No.: (727) 507-8558

Anton J. Hopen
 Smith & Hopen, P.A.
 15950 Bay Vista Drive, Ste. 220
 Clearwater, FL 33760

BEST AVAILABLE COPY

(Amendment Transmittal—page 2)